

FILED FEB 6 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 43630

BIRTH NO. _____		REG. DIST. NO. 184		PRIMARY REG. DIST. NO. 3038		Registrar's No. 368	
1. PLACE OF DEATH a. COUNTY <u>Linn</u> b. CITY (If outside corporate limits, write RURAL and give township) <u>Brookfield</u> c. LENGTH OF STAY (in this place) <u>3 days</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Brookfield Hosp.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Linn</u> c. CITY (If outside corporate limits, write RURAL and give township) <u>Browning</u> d. STREET ADDRESS <u>Mo 0580</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>David</u> b. (Middle) <u>Gene</u> c. (Last) <u>Christy</u>		4. DATE OF DEATH (Month) <u>Dec</u> (Day) <u>28</u> (Year) <u>1950</u>		5. SEX <u>MO</u>		6. COLOR OR RACE <u>W</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>		8. DATE OF BIRTH <u>Dec 25, 1950</u>		9. AGE (In years last birthday) <u>—</u> Months <u>—</u> Days <u>3</u>		10. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
11. BIRTHPLACE (State or foreign country) <u>Linn County Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Joy Lion Christy</u>		13b. MOTHER'S MAIDEN NAME <u>Dorothy Virginia Linhart</u>	
14. NAME OF HUSBAND OR WIFE <u>Joy Christy Browning Mo</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>—</u> (If yes, give war or dates of service) <u>—</u>		16. SOCIAL SECURITY NO. <u>—</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Joy Christy Browning Mo</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Atherosclerosis</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Prematurity</u> DUE TO (c) <u>Repeated pregnancy</u> 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 hrs</u> <u>(2 mos)</u> <u>7 625</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from <u>12-25</u> , 19 <u>50</u> , to <u>12-28</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>12-28</u> , 19 <u>50</u> , and that death occurred at <u>5 P</u> m., from the causes and on the date stated above.		23a. SIGNATURE <u>CC Enock</u> (Degree or title) <u>DO 2</u>	
23b. ADDRESS <u>Brookfield Mo</u>		23c. DATE SIGNED <u>12/29</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec 29 1950</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Jenkins Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Browning Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W B Enock</u>		25. ADDRESS <u>Brookfield Mo</u>	

Date Received: JAN 8 1951  
DISTRICT HEALTH OFFICE #2  
District File Number 1-51-193  
Date Filed: FEB 5 1951

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Student Embalmer

Signed

*James B. McChilland*

Licensed Embalmer No. 4230

P. O. Address *Brookfield, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.